

<i>SERFF Tracking Number:</i>	<i>NYLX-125486940</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38182</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022301A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022301A01</i>		

Filing at a Glance

Company: New York Life Insurance Company		
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-125486940	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 38182
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0022301A01	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer
	Author: SPI NewYorkLifeInsCoLTC	Disposition Date: 07/17/2008
	Date Submitted: 02/14/2008	Disposition Status: Filed-Closed
Implementation Date Requested: 03/14/2008		Implementation Date:
State Filing Description:		

General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0022301A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/17/2008	
State Status Changed: 07/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
February 11, 2008	

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

SERFF Tracking Number: *NYLX-125486940* *State:* *Arkansas*
Filing Company: *New York Life Insurance Company* *State Tracking Number:* *38182*
Company Tracking Number: *LTCAR0022301A01*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *CP Adv Natl Cons - Prod Spec*
Project Name/Number: *CP Adv Natl Cons - Prod Spec/LTCAR0022301A01*

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 359461CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a post card that will be used by agents as publicity available to prospects, clients and the general public.

Certain information is bracketed as variable, such as Client Name, Address line 1, Address line 2, City, State Zip, Agent Name and Agent phone number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

SERFF Tracking Number:	NYLX-125486940	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38182
Company Tracking Number:	LTCAR0022301A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022301A01		

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate	sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400 Austin, TX 78730-5006	(512) 703-5555 [Phone] (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990379913	\$25.00	02/08/2008

SERFF Tracking Number:	NYLX-125486940	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38182
Company Tracking Number:	LTCAR0022301A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022301A01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125486940</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38182</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022301A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022301A01</i>		

Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NYLX-125486940</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38182</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022301A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022301A01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr (02-11-08), AR NAIC Trans , AR Fee Schedule (02-11-08)	Filed-Closed	Yes
Form	Post Cards	Filed-Closed	Yes

SERFF Tracking Number:	NYLX-125486940	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38182
Company Tracking Number:	LTCAR0022301A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
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Form Schedule

Lead Form Number:

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed-Closed	359461CV	Advertising	Post Cards	Initial		0	359461CV.PDF



New York Life Insurance Company

F.P.O.

Postal

indicia

Planning to live means making a plan.

There's a lot to look forward to, and you want to be sure the income and assets you are counting on for your retirement will be there. Call today to find out how New York Life's long-term care insurance can help protect what you have spent a lifetime building.

[Agent Name]
Agent

Telephone Number:

[Agent phone number]

[Client Name]

[Address line 1]

[Address line 2]

[City, State Zip]

The Company You Keep®

The purpose of this brochure is solicitation of insurance. An insurance producer may contact you. Long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Example: ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) for Idaho, ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) for North Carolina. ILTC-5000 (PA) (1001) for Pennsylvania, ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) for Tennessee. © 2006 New York Life Insurance Company. All rights reserved.



HERE'S TO
a long life

LONG-TERM CARE INSURANCE
FROM NEW YORK LIFE



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<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022301A01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125486940	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38182
Company Tracking Number:	LTCAR0022301A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022301A01		

Supporting Document Schedules

Satisfied -Name:	AR Cvr Ltr (02-11-08), AR NAIC Trans , AR Fee Schedule (02-11-08)	Review Status:	Filed-Closed	07/17/2008
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Comments:

Attachments:

AR Cvr Ltr (02-11-08).PDF

AR NAIC Trans .PDF

AR Fee Schedule (02-11-08).PDF



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: sbyrnes@newyorklifelife.com

www.newyorklifelife.com

Susan Byrnes

Senior Contracts and Compliance Associate

February 11, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 359461CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a post card that will be used by agents as publicity available to prospects, clients and the general public.

Certain information is bracketed as variable, such as Client Name, Address line 1, Address line 2, City, State Zip, Agent Name and Agent phone number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.


Sincerely,


Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584		512-703-5575		sbyrnes@newyorklifeltc.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	359461CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">Group</div> <div style="width: 60%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate					
<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____							
<u>SUPPORTING DOCUMENTATION</u>							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>							

12.	Filing Submission Date	February 11, 2008	
13.	Filing Fee (If required)	Amount <u>\$25.00</u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>Re: New York Life Insurance Company NAIC # 826-66915; FEIN # 13-5582869 Long-Term Care Advertising Form Number: 359461CV</p> <p>Dear Mr. Shields,</p> <p>The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.</p> <p>We consider this advertisement an invitation to inquire about long-term care insurance. The form is a post card that will be used by agents as publicity available to prospects, clients and the general public.</p> <p>Certain information is bracketed as variable, such as Client Name, Address line 1, Address line 2, City, State Zip, Agent Name and Agent phone number.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p> Susan Byrnes Sr. Contract and Compliance Associate</p>		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature  Date <u>February 11, 2008</u></p>			

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Post Card Advertising	359461CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
			<input type="checkbox"/> Initial	N/A
15			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
17			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
18			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
21			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	
22			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
23			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
24			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	N/A
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401